

Appl. No. 10/459,928
Request for Refund dated Jan. 20, 2009

2009 JAN 21 PM 3:40

Appl. No. : 10/730,406
Applicant : Darrell J. Atwood
Filed : 12/08/2003
Title : DISPLAY CASE WITH VIEWABLE PACKAGING STORAGE
AREA

TC/A.U. : 3637
Examiner : Timothy Michael Ayres

Docket No. : 169-PA-0103

Honorable Commissioner for Patents
Washington DC 20231

REQUEST FOR REFUND OF FEES

Sir:

The aforementioned application is now abandoned after revival and the payment of the issue and publication fees totaling \$1000, see attached.

The Commissioner is hereby authorized to refund any remaining fees paid in connection with the filing of the petition for revival of an unintentionally abandoned application.

A refund of this fee is hereby requested to be paid directly to James M. Francis, address follows:

James M. Francis
300 West Vine Street
Suite 2100
Stoll Keenon Ogden PLLC
Lexington, KY 40515

Adjustment date: 02/10/2009 CKHLOK
09/21/2006 DTERRY 00000006 10730406
01 FC:1999 -1000.00 OP

Refund Ref:
02/10/2009 CKHLOK 0000166087

CHECK Refund Total: \$1000.00

Appl. No. 10/459,928
Request for Refund dated Jan. 20, 2009

Respectfully submitted,

By s/jim francis/

James M. Francis
Registration No. 52,909

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>2-3-09</u>		2 Serial/Patent # <u>18/730406</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input type="checkbox"/>	Filing		\$						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$ <u>1000</u>						
		7 TOTAL AMOUNT OF REFUND							
		\$ <u>1000</u>							
10 REASON:		8 TO BE REFUNDED BY:							
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check							
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<u>Partial Payment</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>							
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>							
OFFICE: <u>Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>CKHOK</u>		DATE: <u>2/10/09</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: